



KENTUCKY EXPOSITION CENTER

METHOD OF PAYMENT FORM

Event Name: _____ Event Date(s): _____

Company Name: _____ Booth #: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

☐ **WIRE TRANSFER**

Wire info: 042 000314
Swift# FTBC US 3C

☐ **CHECK**

Payable in US Funds to:
Kentucky State Fair Board
Remit to address below.

☐ **ACH TRANSFER**

Kentucky State Fair Board
Fifth Third Bank
ABA# 083 002342
ACCT: 82194565
Receipts Account

☐ **THIRD PARTY AUTHORIZATION**

Credit card payments can be made online at
www.kyexpo.org/facilityServices.html

Authorized Signature: _____ Date: _____

For information regarding services, please call **(502) 367-5321**.
If paying by check, remit this form to the address below.

**Kentucky Exposition Center
ATTN: Service Desk
PO Box 37130
Louisville, KY 40233**